HICKMAN PALERMO TRUONG & BECKER LLP

2055 Gateway Place, Suite 550 San Jose, CA 95110-1089 (408) 414-1080 Facsimile (408) 414-1076

RECEIVED CENTRAL FAX CENTER

FEB 2 3 2005

FACSIMILE

| A stanua svy | n D. Hickman | W. 101 | | |
|--------------------------|--|----------------------------|----------------------------------|----------------------------|
| Attorney: Brian | D. HICKIIIAH | Direct Phone: | 408-414-1080 x201 | |
| Attomey's E-Mail: | | Sender's Fax: | San Jose, CA (408) 4 | 114-1076 |
| Secretary: Darc | i Sakamoto | Direct Phone: | 408-414-1080x211 | |
| Client/Matter/Tkpr: 5026 | 9-0600 | Date: 2/23/05 | 5 Time | Sent: |
| | | Number o | f pages including this | page:2 |
| TO: | | | | |
| Name | Compa | ny | Facsimile No. | Contact No. |
| Address Change | USPTO | | (703) 872-9306 | |
| | | | | |
| | | | | |
| Address but there | ote: The attache form was mailed is no indication onnect this matter | d to the UP that this w | STO on Noven as input into th | nber 10, 2004 e system. |

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you. PAGE 1/2 RCVD AT 2/23/2005 3:13:45 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/9 * DNIS:8729306 * CSID:4084141076 * DURATION (mm-ss):00-54

| | U.S. Behad and Ti | PTO/SB/122 (09-04) Approved for use through 7/31/2008. OMB 0651-0035 ademark Office: U.S. DEPARTMENT OF COMMERCE ADEMARK OF CO | |
|--|------------------------------------|--|-------------|
| der the Paperwork Reduction Act of 1995, no persons are require | d to respond to a collection of it | nformation unlass it displays a valid OMB control number. | |
| | Application Number | 10/672,294 FEC | ` EI |
| CHANGE OF CORRESPONDENCE ADDRESS | Filing Date | September 26, 2003 CENTRAL | |
| Application | First Named Inventor | Ohish Leebasch Angrid | |
| idress to: | Art Unit | 2141 FEB | , Z |
| Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 | Examiner Name | Unknown | |
| Alexandria, VA | Attorney Docket No. | YHOOP008 (50269-0600) | |
| | | | ٦ |
| Please change the Correspondence Address | for the above-identined | application to. | |
| | • | | ł |
| The address associated with | 29989 | | |
| X Customer Number: | | J | |
| OR | | | |
| | | | |
| Firm or Individual Name | | | 1 |
| ddress | | | 4 |
| ib. | Sta | te Zip | 4 |
| ountry | | | \dashv |
| elephone | | Fax | \dashv |
| This form cannot be used to change the data as data associated with an existing Customer Num (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interestatement under 37 CFR 3.73(b) is example. | ≲t. nclosed. (Form PTO/S | B/96). 35,894 | |
| Registered practitioner named in the without an executed cath or declarati | on. See 37 CFR 1.33(a | a)(1). Registration Number | _ |
| Typed or Printed Brian D. Hickman | | | |
| Signature | | | |
| Date November 9, 2004 | Telephone | (408) 414-1080 | |
| NOTE: Signatures of all the inventors or assignees of rece | ord of the entire interest or t | neir representative(s) are required. Submit multiple form | us if |
| more than one signature is required, see below". | | | _ |
| X *Total of 1 forms are sub | mitted. | | _ |